



Student Advisory & Health Administration Office

Leave Of Absence – Health Insurance Agreement Form

Students, who wish to continue their health insurance coverage with Tufts Health Plan while on Leave Of Absence status, must complete this form.

Leave of Absence Policy for the Student Health Insurance Plan:

Boston and Grafton Health Sciences students, who have been granted a leave of absence and who are currently enrolled in the student health insurance plan, (Tufts Health Plan), are eligible to continue enrollment in the plan up to a maximum of one year from the effective date on which the leave begins. At the end of one year's leave of absence, if the student does not return the student health insurance plan will be cancelled by the Student Advisory & Health Administration Office. Students who return on or before the end of one year's leave may continue with uninterrupted coverage. Students electing to continue insurance coverage must be paid-in-full prior to leaving and will be billed for subsequent semesters. Semester premium payments are due by the 15th day of the month that precedes the semester to be covered; fall semester premiums are due by August 15th and spring semester premiums are due by February 15th.

Important: Students who remain in Tufts Health Plan's service area are eligible for full benefits. Students, who move outside the service area, but within the U.S.A., may use the insurance for emergency and urgent care only, as defined in the "Premium Benefit Evidence of Coverage" booklet. Students, who leave the service area and have a chronic medical condition that requires follow-up care outside Tufts Health Plan's service area, must contact the Student Advisory & Health Administration Office for assistance in arranging for an exception to the policy. This must be done prior to leaving the service area.

Name: _____ I.D.# _____/_____/_____

LOA Address: _____

Phone: _____

Circle School: Dental Medical Nutrition *Sackler Veterinary

My Leave Of Absence is effective from _____ to _____.
Date Date

I have read the above policy statement and wish to continue coverage in the student health insurance plan for the duration of my Leave Of Absence. I understand that it is my responsibility to notify the Student Advisory & Health Administration Office if I wish to cancel the insurance at any point during my Leave. I understand that if my premium payments have not been paid by the due date, my coverage will be cancelled, effective the day following my last paid coverage date.

Student's Signature _____

Date _____

Return to: Student Advisory & Health Administration Office
200 Harrison Avenue, 4th Floor
Boston, MA 02111

Telephone: 617-636-2701 FAX: 617-636-2708

*Sackler Students –Contact the Sackler School Registrar for payment procedures.
Pink Copy for Student; Yellow Copy for Registrar's Office